

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number <div style="font-size: 1.2em; font-family: monospace;">10714851</div>		Filing Date				
							Applicant(s)						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend							
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50							100						
Total Indep	1						Total Indep						
Total Depend	9						Total Depend						
Total Claims	10						Total Claims						

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